PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/759,000			ing Date 16/2004	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
Н	FOR	N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b), c	or (c))	N/A		N/A		N/A		1	N/A	
SEARCH FEE (37 CFR 1 16(k), (i), or (m))			N/A		N/A		N/A		1	N/A	
	EXAMINATION FE (37 CFR 1,16(o), (p),		N/A		N/A		N/A		1	N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =				x s =		OR	x s =	
IND	EPENDENT CLAIM CFR 1.16(h))	s	minus 3 =		•		x \$ =		1	X \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	ts of pap 50 (\$125 ional 50 :	gs exceed 100 n size fee due for each n thereof. See CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))]		
* If the difference in column 1 is less than zero, enter "0" in column 2.]	TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY		OR	OTHER THAN R SMALL ENTITY	
AMENDMENT	04/01/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	• 7	Minus	20	= 0	ı	x s =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	• 2	Minus	···4	- 0		X \$ =		OR	X \$220=	0
ME	Application Size Fee (37 CFR 1.16(s))										
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					l			OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())	•	Minus		-		x s =		OR	x s =	
	Independent (37 CFR 1.16(h))	•	Minus	***			X \$ =		OR	X \$ =	
	Application Size Fee (37 CFR 1.16(s))					1]		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* lif the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For In THIS SPACE is less than 20, enter "20". **If the "Highest Number Previously Paid For In THIS SPACE is less than 3, enter "3". **The "Highest Number Previously Paid For In This SPACE is less than 3, enter "3". The "Highest Number Previously Paid For In This SPACE is less than 3, enter "3".											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 39 U.S. C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including patienting, perspenging, and submitting the completed application from the USPTO. Time will way depending upon the individual case. Any comments or amount of time you require to complete this form and/or suppections for reducing this further, about be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, O.P. Dots Artifyo, Alexandria, V.M. 22313-1450. DO NOT SEND FEES OR LOWNELTED FORMSTOTHIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.